

DOCUMENTING HISTORY of VARICELLA (chickenpox) Illness

All history of Varicella illness **MUST BE** supported by a written statement from a physician or the child's parent or guardian.

This new State Law became effective September 2, 2000.

This is to verify that _____ had varicella disease
(name of student)

(chickenpox) on or about ____ / ____ / ____ and does not need varicella
(date)
vaccine.

Signature

Relationship to student

Date